

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission ..... 12/08/2022 12:37 (SGT)  
Reported by ..... Both  
Date of Accident ..... 11/08/2022 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ECP TOWARDS CITY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMP4130T

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SEEKTOP PTE LTD  
Company Reg No ..... 201937868E  
Email Address ..... seektop7@gmail.com  
Mobile Phone No ..... (Phone) +65-86856789  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Vezel  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1500

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMHCSNA00002522201

### DRIVER

Name of Driver ..... MALAYSIA ABADI BIN ABU  
NRIC No ..... S1587500C  
Date Of Birth ..... 04/03/1963  
Occupation ..... Outdoor

Date Of Driving Pass .....	28/02/2008
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96744447
Alt. Phone Number .....	-
Email Address .....	Md_Safwan1990@hotmail.com
Address .....	BLK 153 SERANGOON NORTH AVE 1 #02-538
Address complement .....	-
Postcode .....	550153
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Changi Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005872999
Alt. Police Station Phone No .....	(Fax) +65-65872900
Police Station Address .....	9 Simei Street 2 Singapore 529914
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA4254H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SNE4130P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SNE2746B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	MALAYSIA ABADI BIN ABU
Gender .....	Male
Phone No .....	(Phone) +65-96744447
Address .....	BLK 153 SERANGOON NORTH AVE 1 #02-538
Address Complement .....	-
Post Code .....	550153
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMP4130T

Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	PASSENGER
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SMP4130T
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN**


**IMPORTANT NOTICE**


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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

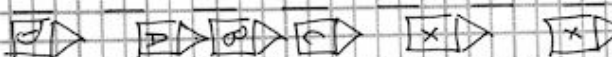
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time  
  
 12/08/2022

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 12/08/2022

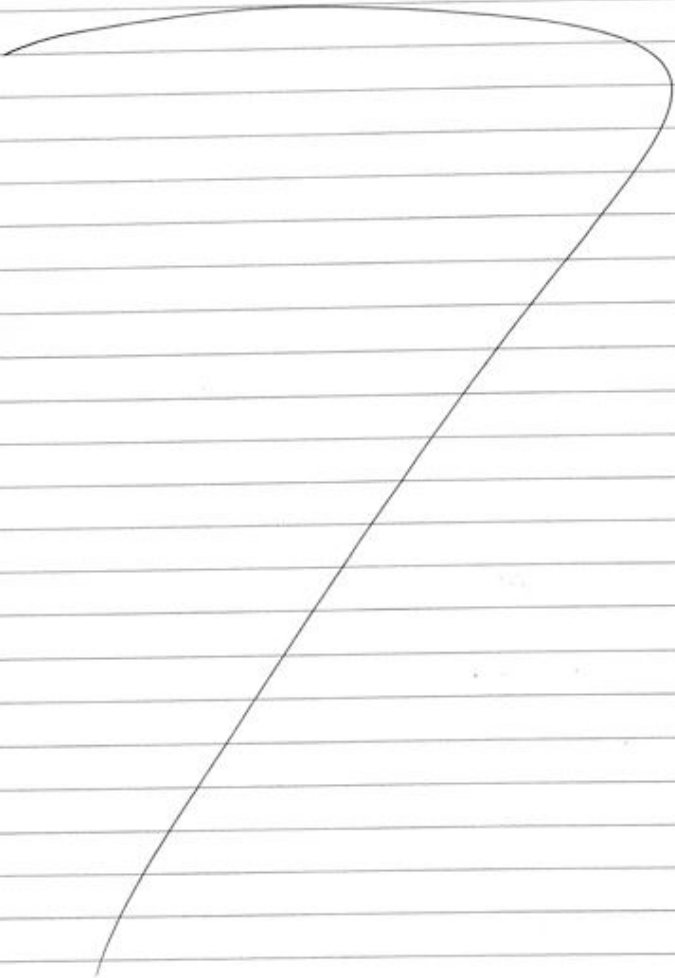
Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
 Foong Sau Wah

Sketch Plan

DOA: 11-08-2022		A) SMP 4130T
		B) SHA 4254H
		C) SNE 4130P
ECP Toward City		D) SNE 2746B
3		
2		
1		

Describe Circumstance of the Accident

Refer police report



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

12/08/2022



Driver's Signature (if driver is not the policyholder) / Date & Time

12/08/2022



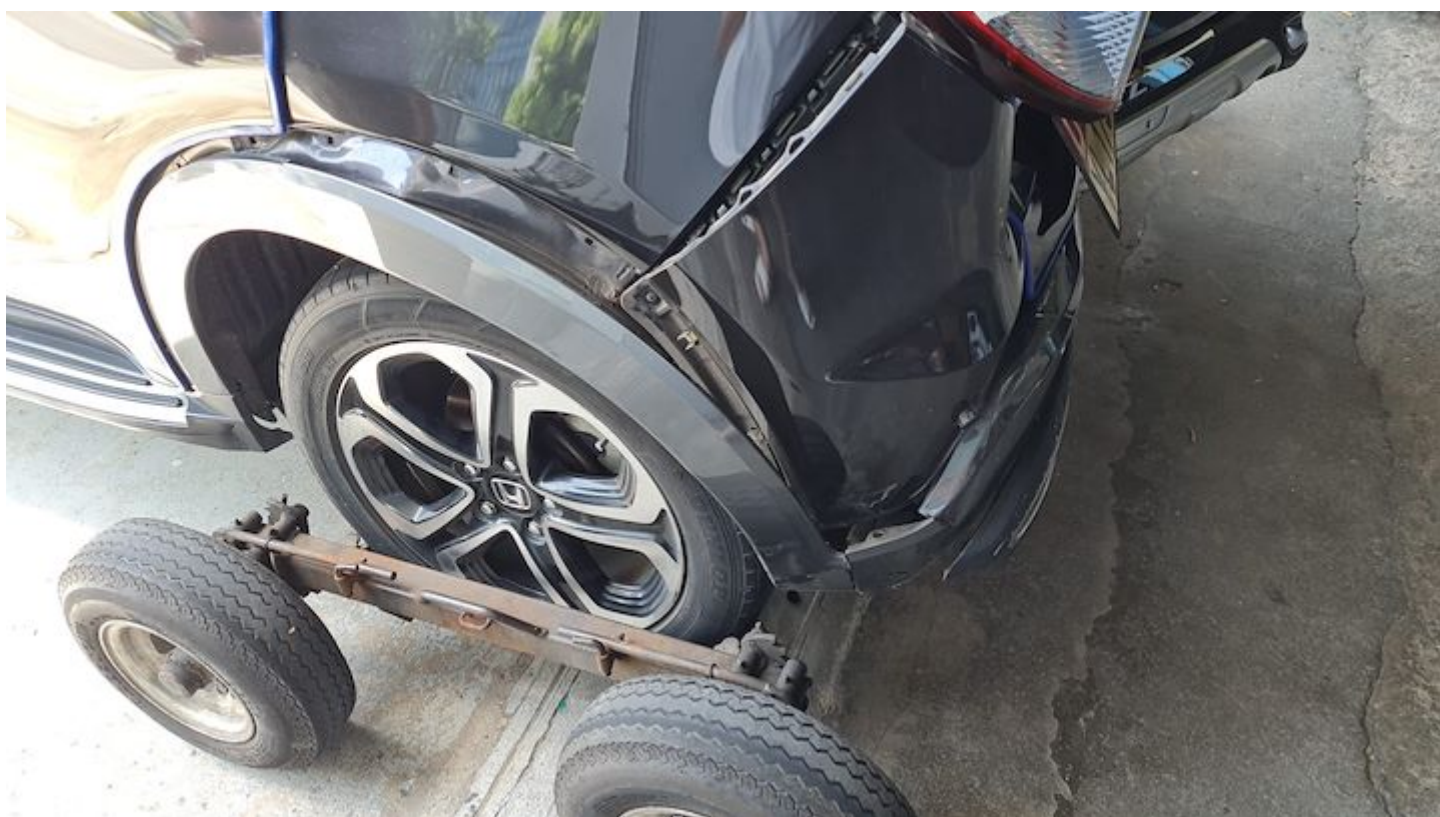
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)











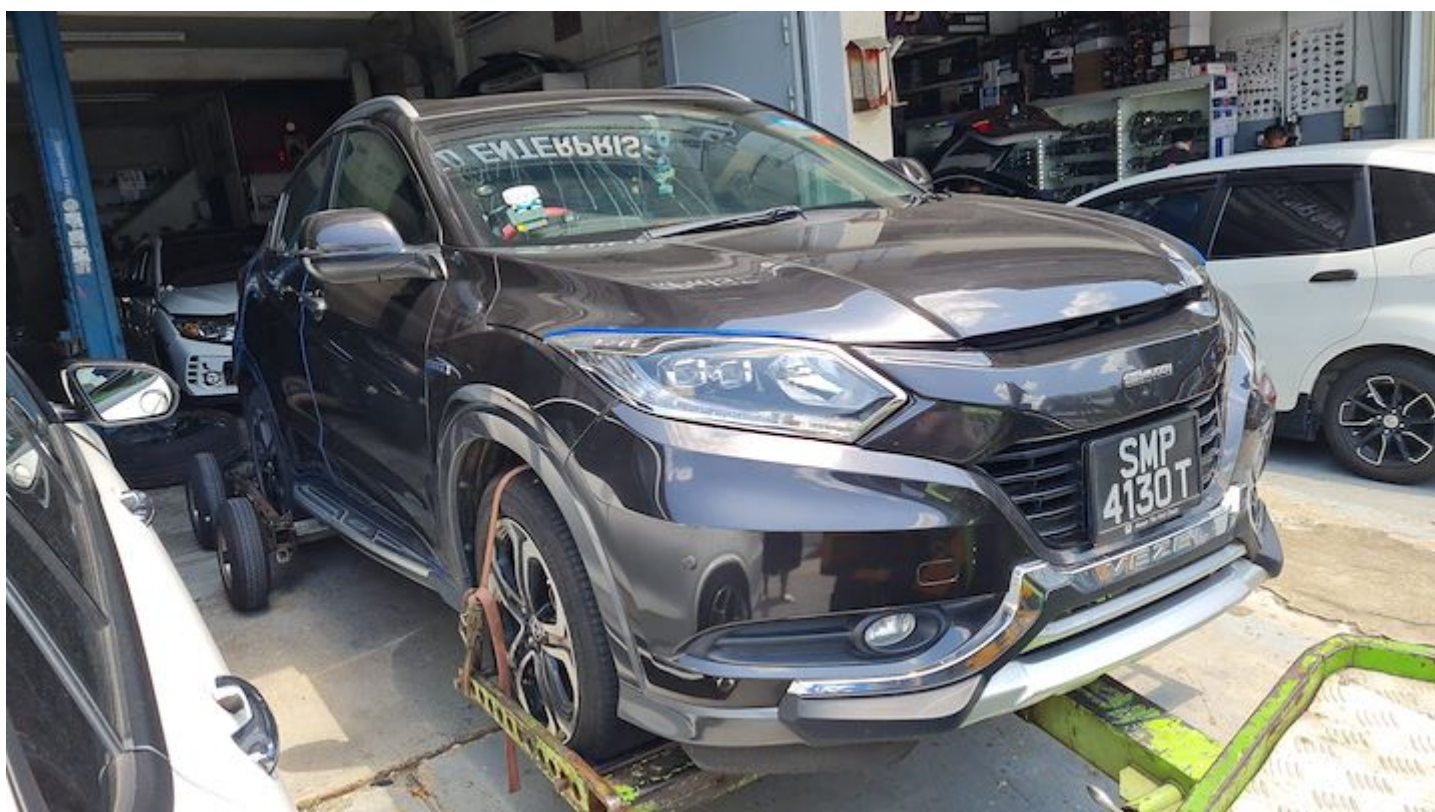




















































**SINGAPORE  
POLICE FORCE**



T/20220811/2125

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3

Report No. T/20220811/2125

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/08/2022 21:33	Vide Report No.:	Station Diary No.: 62
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**Informant's Particulars**

Name of Informant: MALAYSIA ABADI BIN ABU BAKAR			Address: APT BLK 153 SERANGOON NORTH AVENUE 1 #02-538 SINGAPORE 550153		
ID Type / ID No.: NRIC NO / S1587500C			Contact No.: Home/Office: Mobile: 96744447		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 04/03/1963	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/08/2022 08:30	Type of Location: Straight Road
Location:  EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA4254H	Car				Seriously Damaged	1
SLB9192S	Car				Seriously Damaged	0
SMP4130T	Car				Seriously Damaged	1
SNE2746B	Car				Slightly Damaged	1
SNE4130P	Car				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220811/2125

2 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20220811/2125

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	JOHANA	ID No.	NIL
Related Vehicle	SHA4254H (Car)	Contact No.	84848858
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MALAYSIA ABADI BIN ABU BAKAR	ID No.	S1587500C
Related Vehicle	SMP4130T (Car)	Contact No.	96744447
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/08/2022	Date Discharge	11/08/2022
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the mentioned date and time, I was driving along the first lane of ECP towards Bedok. Somewhere after passing by car park G, a Taxi (SHA4254H) had applied emergency brake and I had managed to brake in time. However, another vehicle, a white Volvo (SNE2746B) did not manage to brake in time and hit onto the rear of my vehicle. This had caused my vehicle to move forward and hitting the rear of the Taxi in front of me. My passenger and I was then conveyed to Changi General Hospital.





**SINGAPORE  
POLICE FORCE**



T/20220811/2125

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

3 of 3

Report No. T/20220811/2125

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:

G /  
SGT 3 MUHAMMAD FIRDAUS  
BIN ABU

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/08/2022 21:33

Officer In Charge Of Case:

TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

Classification Of Case:

NP168



## SEEKTOP PTE LTD

NO: 60, JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel: 86855789

This vehicle leasing agreement is made on the 25 OCT 2021

Agreement No.20211025001

VEHICLE LEASING AGREEMENT

BETWEEN

SEEKTOP PTE LTD (ROC NO:201937868E)

of known Address: NO: 60, JALAN LAM HUAT #03-57 CARROS CENTRE S737869 Tel:  
86855789 ( Hereinafter referred to as " the Lessor" )

AND

MALAYSIA ABADI BIN ABU BAKARS1587500C HP: 96744447BLK 153 SERANGOON NORTH AVENUE 1 #02-538 S550153

## VEHICLE

Make & Model HONDA VEZEL 1.5X HYBRID Color BLACK	
ORD Date 08 MAR 2016	PlateNo: SMP4130T
Chassis No. RU31114422	Vocational:

Terms and conditions:

## 1. Scope of Agreement

This Vehicle Leasing Agreement ("Agreement") shall be binding upon the lessees wholly and/or all of the Lessee's agents, drivers, employees, representatives etc. even if replacement vehicle is taken by the Lessee. The Lessee shall be responsible for any replacement vehicle taken by any authorized person.

All driver are to have a minimum 1 year driving experience. Upon acceptance and execution of this Agreement, the Lessee shall guarantee that their designated driver has a valid driving license ( of the appropriate Class depending on the Leased Vehicle ).

## 2. Leasing Period

The Lessor agree to lease the vehicle to the Lessee for the following period. WEEKLY ( Daily / weekly / Monthly )

Start Date: 25 OCT 2021End Date: 24 OCT 2022

Returning Date: \_\_\_\_\_


But Return on \_\_\_\_\_

The Security Deposit payable by the Lessees to the Lessors upon the execution of this Agreement is \$5500.

The WEEKLY (weekly / Monthly ) leasing fees payable is \$400 ("Leasing Fees") to be made payable in Advance transfer to (DBS

CURRENT ACCOUNT: 072-015643-9) ON every Monday , and late payment charge will be \$20 per day.



 **SINGAPORE POLICE FORCE**  
SAFEGUARDING EVERY DAY

# CASE CARD

Report Number: [REDACTED]

Traffic Accident along ECPC CITY 5.5/am

Involving vehicles: 4 CARS

On 11/08/2022 at about - am / pm.

With reference to the above, you are advised to lodge a traffic accident report online via the Police E-Services website (<https://eservices.police.gov.sg>) within 24 hours.

NP319E(2019)

You are required to be present at Traffic Police on [REDACTED] at [REDACTED] am/ pm to meet the Investigation Officer to assist in the investigation.

Please bring along your :

- a) Identity Card / Passport / Work Pass
- b) Driving License / Vocational License
- c) Vehicle Insurance / Medical Certificate
- d) Any other relevant documents (e.g. Video footages)

If you are unable to keep to the appointment, please contact:

IC: TO SOPHAN TEL: 97579103

Investigation Branch: 6547 6391 Email: SPF\_TP\_Invest\_Branch@spf.gov.sg

NP319E(2019)